1115 Waiver Comments

Submitted by: Alvia Siddiqi, MD, FAAFP Medical Director of Illinois Health Connect, PCCM

My comments are directed to page 7 section 1B: Behavioral Health Expansion and Integration as well as page 12 Pathway #4) 21st Century Health Care Workforce.

I would strongly recommend including a bullet point to promote the development, implementation, and expansion of telepsychiatry and telehealth networks to meet the lack of adult and pediatric specialty resources experienced by Primary Care providers. In the results of this year's annual PCCM program satisfaction survey of 1436 respondents, we found that Mental Health specialists were in the top 3 of the most difficult to access specialties by PCPs. Please see our attached data summaries. Telepsychiatry in provider systems has effectively led to improved access for patients experiencing mental health crises in the outpatient and ER settings. A great example of the use of telepsychiatry to improve psychiatric access has been demonstrated by Bridgeway (http://www.bway.org/outpatient_services.html) in Henry, Knox, Warren, and McDonough Counties in Illinois. Both telehealth and telepsychiatry require technical components that are costly, especially for a small provider office or rural health clinic. It is important for the state to have incentives to promote and assist in the technical requirements needed for providers to be able to begin using these resources as a means to gain access to limited specialists. These specialists often times have limited number of available slots to Medicaid clients, even when they are in medically dense areas, such as Cook County for example that further limit their accessibility.

It is also important to recognize that Primary care workforce and specialty workforce shortages will be further profound as we see newly eligible clients entering the Medicaid system and having high unmet medical needs and burdens that often require referrals outside the primary care medical home. Also, specialist referrals have not been required in the current PCCM program and yet there are still

many difficulties to access specialists. In light of the recent and upcoming Medicaid Care Coordination expansion, these referrals will be limited by the provider network in the given MCO for example. This could prove to be a deterrent for a provider to participate in that model of care or in the Medicaid program.

Lastly, I wanted to echo the comments of Mr. Vince Keenan, Executive Vice President of the Illinois Academy of Family Physicians. It is important to recognize the high satisfaction scores of the 5600 Primary Care Providers in the Illinois Health Connect PCCM program. This program is not a simple FFS program as may be the case in other states. It is a blended payment model that includes care management fees and bonus pay-for-performance components that have led to its success with providers and in improving quality for Medicaid clients throughout the state. Over $500 million in savings were shown over FY 2007-2010 due to the Illinois Health Connect PCCM program as described by The Robert Graham Center – American Academy of Family Physicians (AAFP) Center for Policy Studies (http://www.graham-center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2010/iafp-case-statement.Par.0001.File.tmp/iafp-case-statement.pdf).

I am hopeful that we will recognize that not all Primary Care Providers, especially those in smaller groups, solo practice, or large groups that have small buckets of Medicaid clients they see routinely in addition to their main commercial paying clientele, can or will be able to participate in the complexities of a Medicaid Managed care plan. They may opt out of participation in the state's mandatory managed care Medicaid platform, leaving even further detrimental effects on access to primary care for the underserved patients of our state.

Sincerely,

Alvia Siddiqi, MD, FAAFP

Medical Director, Illinois Health Connect PCCM